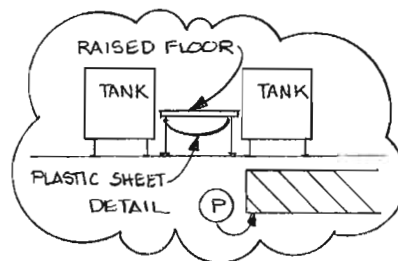


SECONDARY TANK LIST

D+E	ELECTROLESS Ni	125 GAL.
G+H	"	200 GAL.
C	PROPRITARY Ni STRIPPER	
B	"	
A	BRASS STRIPPER	
I	GOLD	55 GAL.
J	BLACK CHROME	200 GAL.
K	BLACK Ni	100 GAL.
F	PLATING FILTERS	

NOTE: ALL RINSE TANKS ARE HARD
PIPED TO TREATMENT TANK T-9



DETAIL (P) NOTES: PLASTIC SHEETING LOCATED
BETWEEN TANKS COLLECT
DRIPPAGE FROM PARTS.
SHEETING DRAINS TO COLLECTION
AREAS, THEN TO TREATMENT.



CAL-TROW
11-18-03



Cal-Tron
- signed off on 12-29-03



6 ✓



6K



OK



11 ✓ ②



OK



OK



14 ✓



9 ✓



10 ✓



15 ✓



7 ✓

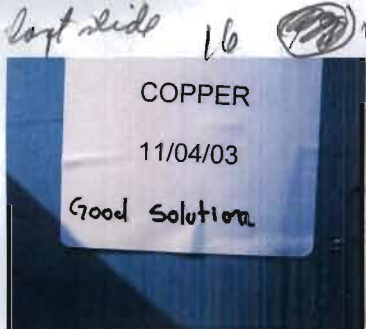


8 ✓ OK



12 ✓



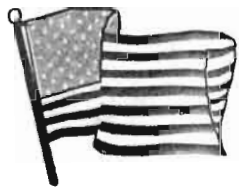


relabeled-ok



4

American Safety Corporation



C.W. BERRY

*Vice-President
General Manager*

*13629 South Alma Ave.
Gardena, CA 90249*

Cell: (661) 714-2002

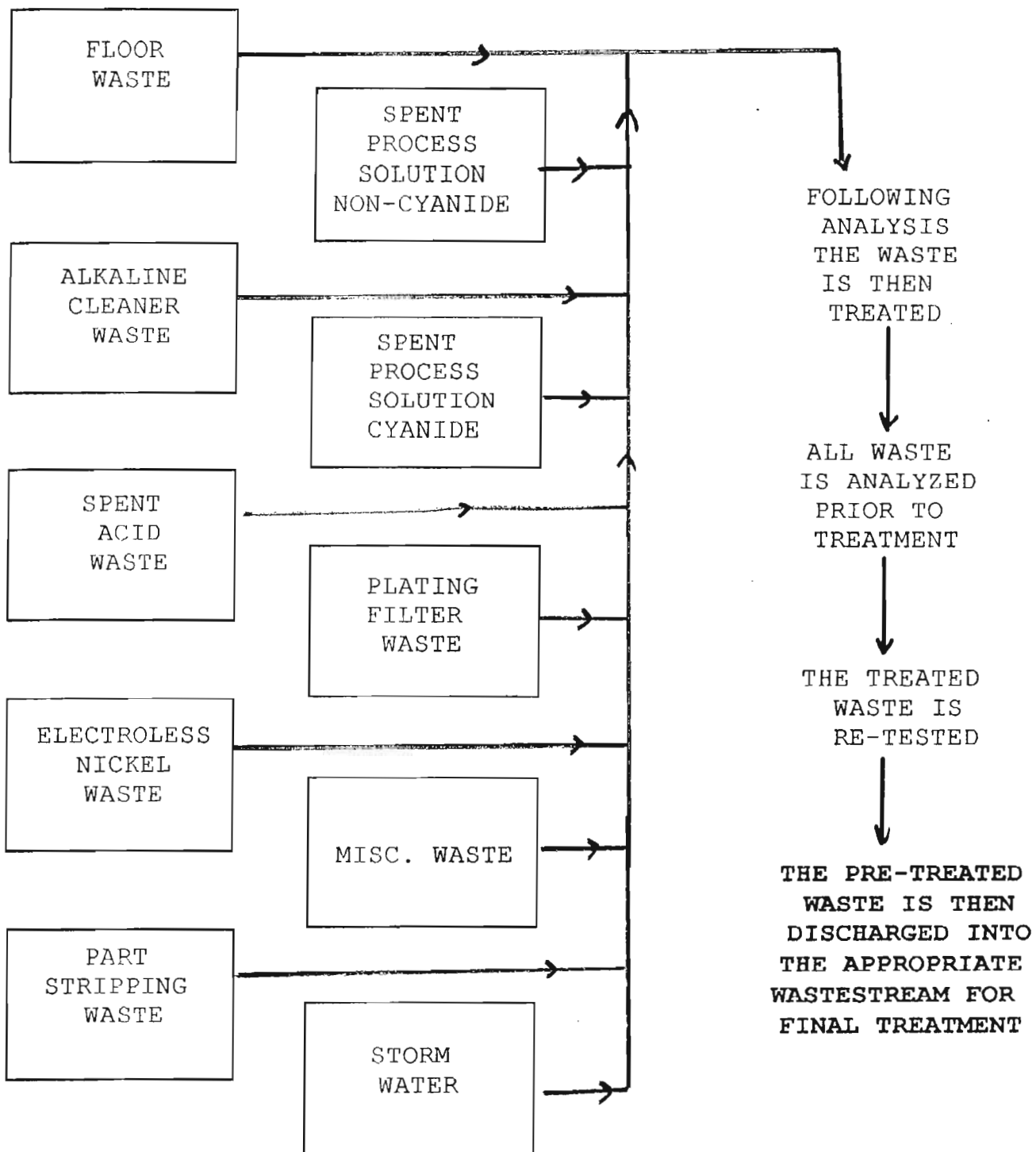
Fax: (310) 516-8605

OVER 35 YEARS OF SAFETY EXPERIENCE

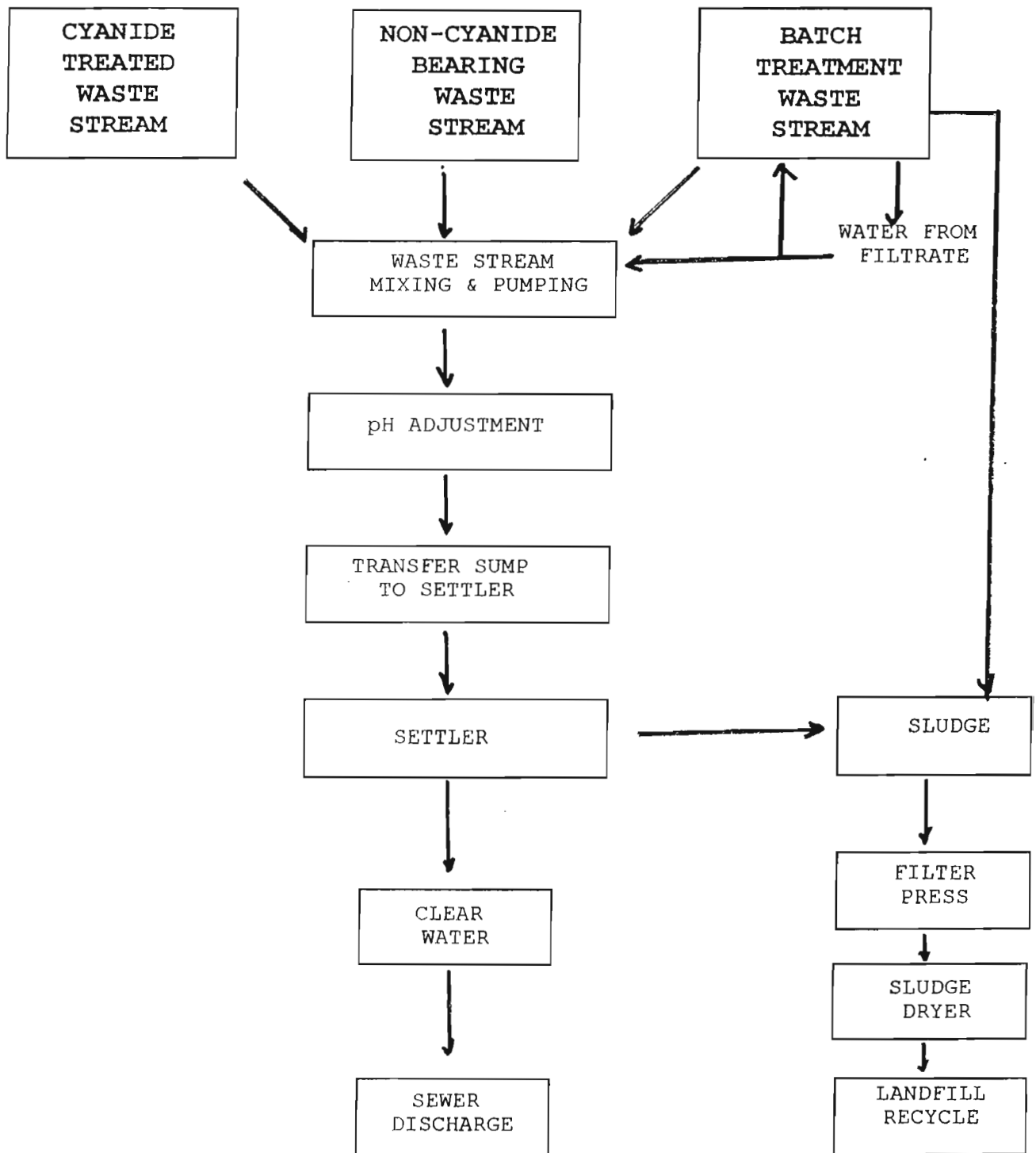
env. consultant

Tami: 626-833-5067

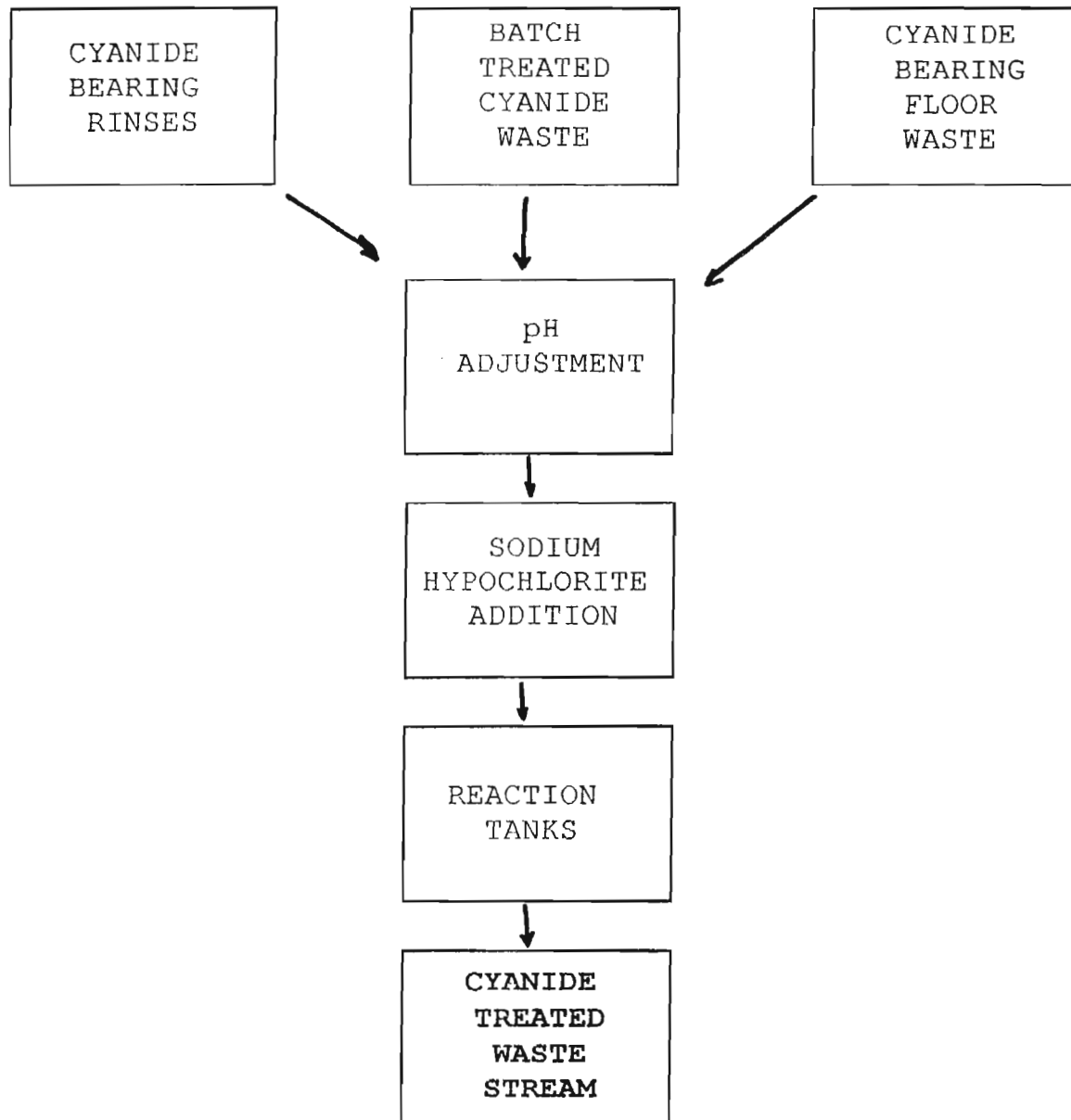
WASTEWATER TREATMENT BATCH TREATMENT



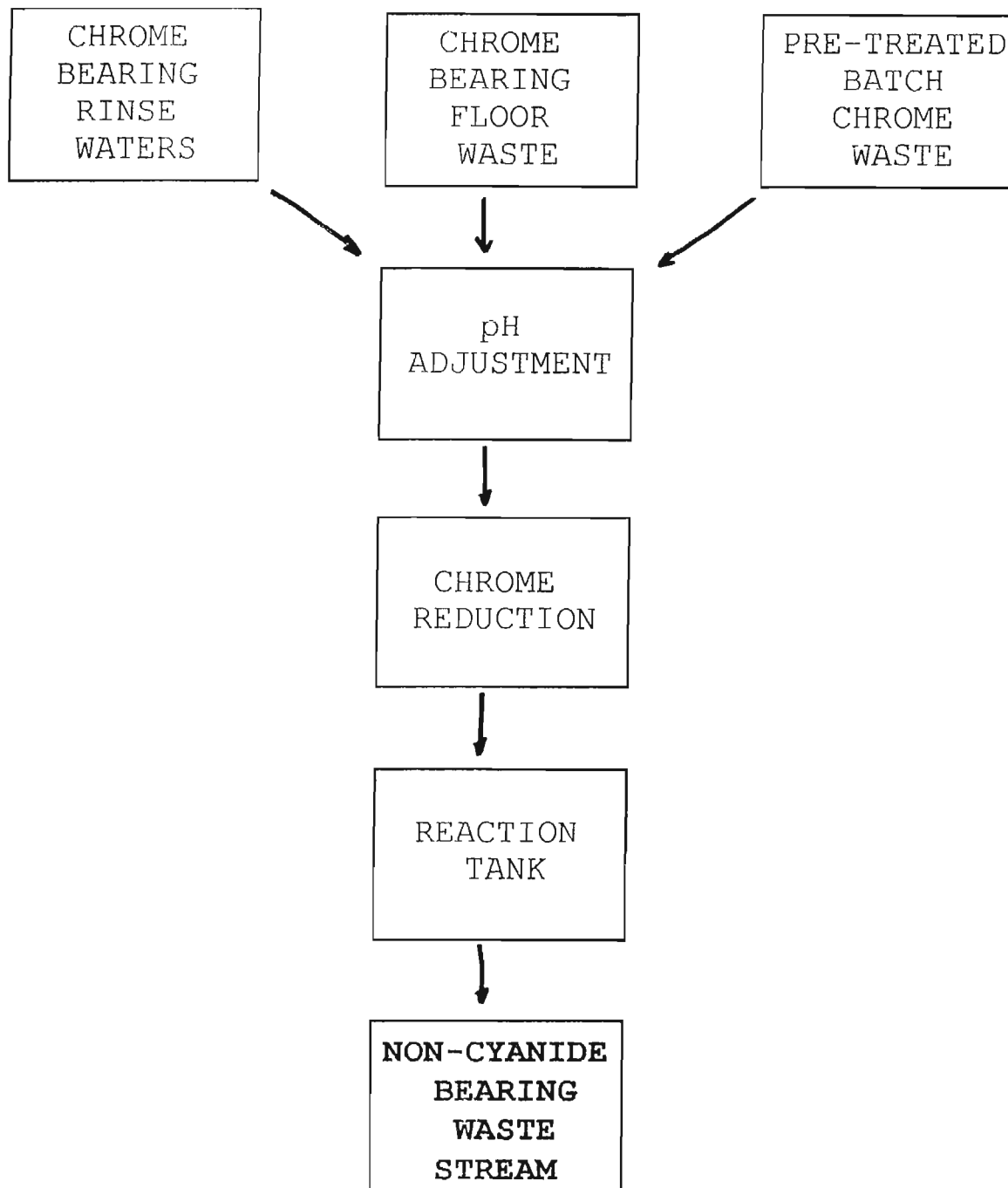
GENERAL WASTEWATER TREATMENT FLOW CHART



WASTEWATER TREATMENT CYANIDE DESTRUCTION



WASTEWATER TREATMENT
CHROME REDUCTION



CAL-TRON PLATING

CAD008237950

[illegible]

CAD008237950

YEAR 2002

TIME	Chrome Destruct pH 2.2	Chrome Destruct ORP 220mV	Treatment # 1 pH 4-8	Treatment # 3 pH 8-5-9.5	Discharge # 4 pH 8-5-9.5	Cyanide Destruct pH 10.5	Cyanide Destruct ORP 650mV	Clarifier 8-10 %	8-15 % (10 gal/55 gal)	8-10 % (40 mls/5 gal)	Chrome Sulfuric %	Sodium Bisulfite %	Bleach %	Caustic %	Muriatic Acid %	Sulfuric Acid %	5000 gal Batch Treatment %	Batch #1 %	Batch #2 %	Batch #3 %	Batch #4 %	Clarifier Water	Water Oil	
7:00am	22	210	75	9.0	93	113	640	100		30	30	80	80	70	70	30	30	0	0	0	0	0	92	90
7:15pm	21	215	92	93	94	120	630	80		30	30	80	80	70	70	30	30	0	0	0	0	0	92	94
4:05pm	23	215	90	93	94	120	640	80		30	30	80	80	70	70	30	30	0	0	0	0	0	90	90

Remarks: Bautista, Jesus.
9-30-03

* Working. filter press

* change sulfuric acid cleaners. two soap.

15 gallons

200 gallons of water

Cleaned	Working
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Chrome Destruct pH Probe

Chrome Destruct ORP Probe

Treatment # 1 pH Probe

Treatment # 3 pH Probe

Discharge # 4 pH probe

Cyanide Destruct pH Probe

Cyanide Destruct ORP Probe

1

CAL-TRON PLATING INC
11919 RIVERA RD
SANTA FE SPRINGS

CA

90670

**YOUR PURCHASE
ORDER NUMBER**
JESUS

Today's Date: 10/31/03

MCMASTER-CARR
9630 NORWALK BLVD
SANTA FE SPRINGS CA 90670-2932

IF THERE ARE ANY QUESTIONS ABOUT THIS
SHIPMENT CONTACT OUR SALES DEPARTMENT
(562)692-5911

PAGE
1 OF 1
MCM NUMBER
3775383-01

(CALLER) JESUS

Warehouse Location	McMaster Carr Part Number	Fill Quantity	Item Description	Your Line	Your Order	This Shipment
3-204-05 28-97	9988 K96 <i>K89</i>	<div>1 EA</div>	SUBMERSIBLE CHEMICAL PUMP 1/40 HP, 230 VAC, 4-9/16"H X 4-1/8"DIA, 12'L CORD <i>Debbae</i>	1	1 EA	1

185

MAIL THE COMPLETED FORM TO: The appropriate EPA Regional or State Office.	United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM	
1. Reason for Submittal (see instructions on page 10) CHECK CORRECT BOXES	A. Reason for Submittal: <input type="checkbox"/> To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste or used oil activities). <input type="checkbox"/> To provide subsequent notification (to update site identification information). <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application. <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment #) <input checked="" type="checkbox"/> As a component of Hazardous Waste Report.	
2. Site EPA ID Number (see instructions on page 11)	EPA ID Number: CAD008237950	
3. Site Name (see instructions on page 11)	Site Name: Caltron Plating	
4. Site Location Information (see instructions on page 11)	Street Address: 11919 Rivera Rd.	
	City, Town or Village: Santa Fe Springs	State: CA
	County Name: LOS ANGELES	Zip Code: 90670
5. Site Land Type (see instructions on page 11)	Site Land Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other	
6. North American Industry Classification System (NAICS) Code(s) for the Site (see instructions on page 11)	A. 332813	B.
	C.	D.
7. Site Mailing Address (see instructions on page 12)	Street or P.O. Box: SAME	
	City, Town or Village:	
	State:	
	Country:	Zip Code:
8. Site Contact Person (see instructions on page 12)	First Name: Charles MI: W	Last Name: Berry
	Phone Number: 6617142002	Phone Number Extension:
9. Legal Owner and Operator of the Site (see instructions on page 12 and 13)	Name of Site's Legal Owner: Carl Troncale	
	Date Became Owner (mm/dd/yyyy): 06/01/1962	
	Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other	
	Name of Site's Operator: Carl Troncale	
Date Became Operator (mm/dd/yyyy): 01/01/1985		
Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		

EPA ID No. CAD008237950

10. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. See instructions on pages 13, 14, 15 and 16)**A. Hazardous Waste Activities****1. Generator of Hazardous Waste**

(choose one of the following three categories)

- ☒ a. LQG: Greater than 1000 kg/mo (2,200 lbs.) of non-acute hazardous waste; or
- ☐ b. SQG: 100 to 1000 kg/mo (220 - 2,200 lbs.) of non-acute hazardous waste; or
- ☐ c. CESQG: Less than 100 kg/mo of non-acute hazardous waste

In addition, indicate other generator activities (check all that apply)

- ☐ d. United States Importer of Hazardous Waste
- ☐ e. Mixed Waste (hazardous and radioactive) Generator

For Items 2 through 6, check all that apply:

- ☐ 2. Transporter of Hazardous Waste
- ☐ 3. Treater, Storer or Disposer of Hazardous Waste (at your site) Note: A hazardous waste permit is required for this activity.
- ☐ 4. Recycler of Hazardous Waste (at your site) Note: A hazardous waste permit may be required for this activity.
5. Exempt Boiler and/or Industrial Furnace
- ☐ a. Small Quantity On-Site Burner Exemption
- ☐ b. Smelting, Melting, Refining Furnace Exemption
- ☐ 6. Underground Injection Control

B. Universal Waste Activities

- 1. Large Quantity Handler of Universal Waste (refer to your State regulations to determine what is regulated). Indicate types of universal waste generated and/or accumulated at your site. (check all boxes that apply):**

	Generated	Accumulated
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>
c. Thermostats	<input type="checkbox"/>	<input type="checkbox"/>
d. Lamps	<input type="checkbox"/>	<input type="checkbox"/>
e. Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>
f. Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>
g. Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>

☐ **2. Destination Facility for Universal Waste**

Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities**1. Used Oil Transporter - Indicate type(s) of activity(ies)**

- ☐ a. Transporter
- ☐ b. Transfer Facility

2. Used Oil Processor and/or Re-refiner - Indicate Type(s) of Activity(ies)

- ☐ a. Processor
- ☐ b. Re-refiner

☐ **3. Off-Specification Used Oil Burner****4. Used Oil Fuel Marketer - Indicate Type(s) of Activity(ies)**

- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

11. Description of Hazardous Wastes (see instructions on page 16)**A. Waste Codes for Federally Regulated Hazardous Wastes.**

Please list the waste codes of the Federal hazardous wastes handled at your site.

List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D001	D002	D003	D004	D007	D008	F006
F007	F009					

EPA ID No. CAD008237950

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if needed for more waste codes.

131	134	171	181	711	723	726
792						

12. Comments (see instructions on page 17)

13. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (see instructions on page 17)

Signature of owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	Carl Troncale, President <i>Carl Troncale</i>	02/28/2002

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Caltron Plating

EPA ID NO: CAD008237950



FORM
GM

U.S. ENVIRONMENTAL
PROTECTION AGENCY

2001 Hazardous Waste Report

WASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 19 of the instructions and forms booklet before completing this form. In addition, the page number of instructions specific to each box is provided in parentheses.

Sec. 1	A. Waste Description (page 22) Hazardous Waste Solid - Filter Cake Sludge				
B. EPA Hazardous Waste Codes (page 22)		D007	F006	C. State Hazardous Waste Codes (page 22)	
NA		NA	NA	171	
D. Source Code (page 23)	G23	E. Form Code (page 23)	W301	F. RCRA Radioactive Mixed (page 23)	G. Quantity Generated in 2001 (page 22)
Management Method Code for Source Code G25				<input type="checkbox"/> Yes	33.698000
					H. UOM (page 23) 2 Density
					<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

Sec. 2	Was any of this waste managed on-site? (page 24)	
<input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)		
<input checked="" type="checkbox"/> No (SKIP TO SEC. 3)		
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2
On-site Management Method Code (page 24)	Quantity treated, disposed or recycled on-site in 2001 (page 25)	On-site Management Method Code (page 24)
		Quantity treated, disposed or recycled on-site in 2001 (page 25)

Sec. 3	A. Was any of this waste shipped off-site in 2001 for treatment, disposal or recycling? (pages 25 and 26)		
<input checked="" type="checkbox"/> Yes (CONTINUE TO BOX B) <input type="checkbox"/> No (FORM IS COMPLETE)			
Site 1	B. EPA ID No. of facility to which waste was shipped (page 26)	C. Off-site Management Method Code Shipped to (page 26)	D. Total quantity shipped in 2001 (page 26)
	AZD980735500	H010	23.098000
Site 2	B. EPA ID No. of facility to which waste was shipped (page 26)	C. Off-site Management Method Code Shipped to (page 26)	D. Total quantity shipped in 2001 (page 26)
	CAT080033681	H010	10.600000
Site 3	B. EPA ID No. of facility to which waste was shipped (page 26)	C. Off-site Management Method Code Shipped to (page 26)	D. Total quantity shipped in 2001 (page 26)

Comments:

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EPA ID NO: CAD008237950



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AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 19 of the instructions and forms booklet before completing this form. In addition, the page number of instructions specific to each box is provided in parentheses.

Sec. 1	A. Waste Description (page 22) Hazardous Waste Liquid n.o.s.				
B. EPA Hazardous Waste Codes (page 22)		D001 D008 NA NA NA		C. State Hazardous Waste Codes (page 22) 726	
D. Source Code (page 23) G07 Management Method Code for Source Code G25		E. Form Code (page 23) W110	F. RCRA Radioactive Mixed (page 23) <input type="checkbox"/> Yes	G. Quantity Generated in 2001 (page 22) 330.000000	H. UOM (page 23) 5 Density 9.50 <input checked="" type="checkbox"/> lbs/gal <input type="checkbox"/> sg

Sec. 2	Was any of this waste managed on-site? (page 24) <input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)			
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2		
On-site Management Method Code (page 24)	Quantity treated, disposed or recycled on-site in 2001 (page 25)	On-site Management Method Code (page 24)	Quantity treated, disposed or recycled on-site in 2001 (page 25)	

Sec. 3	A. Was any of this waste shipped off-site in 2001 for treatment, disposal or recycling? (pages 25 and 26) <input checked="" type="checkbox"/> Yes (CONTINUE TO BOX B) <input type="checkbox"/> No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped (page 26) CAT080033681	C. Off-site Management Method Code Shipped to (page 26) H077	D. Total quantity shipped in 2001 (page 26) 330.000000
Site 2	B. EPA ID No. of facility to which waste was shipped (page 26)	C. Off-site Management Method Code Shipped to (page 26)	D. Total quantity shipped in 2001 (page 26)
Site 3	B. EPA ID No. of facility to which waste was shipped (page 26)	C. Off-site Management Method Code Shipped to (page 26)	D. Total quantity shipped in 2001 (page 26)

Comments:

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EPA ID NO: CAD008237950



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AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 19 of the instructions and forms booklet before completing this form. In addition, the page number of instructions specific to each box is provided in parentheses.

Sec. 1	A. Waste Description (page 22) Hazardous Waste Liquid UN3082, Stripper				
B. EPA Hazardous Waste Codes (page 22)		C. State Hazardous Waste Codes (page 22)			
D007 D008 NA NA NA		726			
D. Source Code (page 23)	E. Form Code (page 23)	F. RCRA Radioactive Mixed (page 23)	G. Quantity Generated in 2001 (page 22)	H. UOM (page 23)	
G02	W110	<input type="checkbox"/> Yes	2,200.000000	5	
Management Method Code for Source Code G25		Density 9.80			
		<input checked="" type="checkbox"/> lbs/gal <input type="checkbox"/> sg			

Sec. 2	Was any of this waste managed on-site? (page 24)	
<input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)		
<input checked="" type="checkbox"/> No (SKIP TO SEC. 3)		
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2
On-site Management Method Code (page 24)	Quantity treated, disposed or recycled on-site in 2001 (page 25)	On-site Management Method Code (page 24)
		Quantity treated, disposed or recycled on-site in 2001 (page 25)

Sec. 3	A. Was any of this waste shipped off-site in 2001 for treatment, disposal or recycling? (pages 25 and 26)		
<input checked="" type="checkbox"/> Yes (CONTINUE TO BOX B) <input type="checkbox"/> No (FORM IS COMPLETE)			
Site 1	B. EPA ID No. of facility to which waste was shipped (page 26)	C. Off-site Management Method Code Shipped to (page 26)	D. Total quantity shipped in 2001 (page 26)
	CAT080033681	H077	2,200.000000
Site 2	B. EPA ID No. of facility to which waste was shipped (page 26)	C. Off-site Management Method Code Shipped to (page 26)	D. Total quantity shipped in 2001 (page 26)
Site 3	B. EPA ID No. of facility to which waste was shipped (page 26)	C. Off-site Management Method Code Shipped to (page 26)	D. Total quantity shipped in 2001 (page 26)

Comments:

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EPA ID NO: CAD008237950



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AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 19 of the instructions and forms booklet before completing this form. In addition, the page number of instructions specific to each box is provided in parentheses.

Sec. 1	A. Waste Description (page 22) Nickel Solution, Non RCRA HazWaste Liquid				
B. EPA Hazardous Waste Codes (page 22)		C. State Hazardous Waste Codes (page 22)			
NA NA NA		726			
D. Source Code (page 23)	E. Form Code (page 23)	F. RCRA Radioactive Mixed (page 23)	G. Quantity Generated in 2001 (page 22)	H. UOM (page 23)	
G08				5	
Management Method Code for Source Code G25		W103	100.000000	Density 9.00	
		<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> lbs/gal <input type="checkbox"/> sg	

Sec. 2	Was any of this waste managed on-site? (page 24)	
<input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)		
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2
On-site Management Method Code (page 24)	Quantity treated, disposed or recycled on-site in 2001 (page 25)	On-site Management Method Code (page 24)
		Quantity treated, disposed or recycled on-site in 2001 (page 25)

Sec. 3	A. Was any of this waste shipped off-site in 2001 for treatment, disposal or recycling? (pages 25 and 26)		
<input checked="" type="checkbox"/> Yes (CONTINUE TO BOX B) <input type="checkbox"/> No (FORM IS COMPLETE)			
Site 1	B. EPA ID No. of facility to which waste was shipped (page 26)	C. Off-site Management Method Code Shipped to (page 26)	D. Total quantity shipped in 2001 (page 26)
	AZD980892731	H010	100.000000
Site 2	B. EPA ID No. of facility to which waste was shipped (page 26)	C. Off-site Management Method Code Shipped to (page 26)	D. Total quantity shipped in 2001 (page 26)
Site 3	B. EPA ID No. of facility to which waste was shipped (page 26)	C. Off-site Management Method Code Shipped to (page 26)	D. Total quantity shipped in 2001 (page 26)

Comments:

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SITE NAME: Calltron Plating

EPA ID NO: CAD008237950



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GM

U.S. ENVIRONMENTAL
PROTECTION AGENCY

2001 Hazardous Waste Report

WASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 19 of the instructions and forms booklet before completing this form. In addition, the page number of instructions specific to each box is provided in parentheses.

Sec. 1 A. Waste Description (page 22) Nickel Strip Solution, Non RCRA HazWaste liquid					
B. EPA Hazardous Waste Codes (page 22) NA NA NA			C. State Hazardous Waste Codes (page 22) 134		
D. Source Code (page 23) G02 Management Method Code for Source Code G25		E. Form Code (page 23) W110	F. RCRA Radioactive Mixed (page 23) <input type="checkbox"/> Yes	G. Quantity Generated in 2001 (page 22) 715.000000	H. UOM (page 23) Density 5 9.50 <input checked="" type="checkbox"/> lbs/gal <input type="checkbox"/> sg

Sec. 2 Was any of this waste managed on-site? (page 24) <input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)			
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site Management Method Code (page 24)	Quantity treated, disposed or recycled on-site in 2001 (page 25)	On-site Management Method Code (page 24)	Quantity treated, disposed or recycled on-site in 2001 (page 25)

Sec. 3 A. Was any of this waste shipped off-site in 2001 for treatment, disposal or recycling? (pages 25 and 26) <input checked="" type="checkbox"/> Yes (CONTINUE TO BOX B) <input type="checkbox"/> No (FORM IS COMPLETE)			
Site 1	B. EPA ID No. of facility to which waste was shipped (page 26) AZD980892731	C. Off-site Management Method Code Shipped to (page 26) H077	D. Total quantity shipped in 2001 (page 26) 715.000000
Site 2	B. EPA ID No. of facility to which waste was shipped (page 26)	C. Off-site Management Method Code Shipped to (page 26)	D. Total quantity shipped in 2001 (page 26)
Site 3	B. EPA ID No. of facility to which waste was shipped (page 26)	C. Off-site Management Method Code Shipped to (page 26)	D. Total quantity shipped in 2001 (page 26)

Comments:

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WASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 19 of the instructions and forms booklet before completing this form. In addition, the page number of instructions specific to each box is provided in parentheses.

Sec. 1	A. Waste Description (page 22) Non RCRA Hazardous Waste Solid, Floor Sweep				
B. EPA Hazardous Waste Codes (page 22)		D004	D007	C. State Hazardous Waste Codes (page 22)	
NA		NA	NA	181	
D. Source Code (page 23) G33 Management Method Code for Source Code G25		E. Form Code (page 23) W310		F. RCRA Radioactive Mixed (page 23) <input type="checkbox"/> Yes	G. Quantity Generated in 2001 (page 22) 11,400.000000
				H. UOM (page 23) Density 1 <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	

Sec. 2	Was any of this waste managed on-site? (page 24) <input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)			
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2		
On-site Management Method Code (page 24)	Quantity treated, disposed or recycled on-site in 2001 (page 25)	On-site Management Method Code (page 24)	Quantity treated, disposed or recycled on-site in 2001 (page 25)	

Sec. 3	A. Was any of this waste shipped off-site in 2001 for treatment, disposal or recycling? (pages 25 and 26) <input checked="" type="checkbox"/> Yes (CONTINUE TO BOX B) <input type="checkbox"/> No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped (page 26) NVT330010000	C. Off-site Management Method Code Shipped to (page 26) H132	D. Total quantity shipped in 2001 (page 26) 11,400.000000
Site 2	B. EPA ID No. of facility to which waste was shipped (page 26)	C. Off-site Management Method Code Shipped to (page 26)	D. Total quantity shipped in 2001 (page 26)
Site 3	B. EPA ID No. of facility to which waste was shipped (page 26)	C. Off-site Management Method Code Shipped to (page 26)	D. Total quantity shipped in 2001 (page 26)

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Caltron Plating

EPA ID NO: CAD008237950



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GM

U.S. ENVIRONMENTAL
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2001 Hazardous Waste Report

WASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 19 of the instructions and forms booklet before completing this form. In addition, the page number of instructions specific to each box is provided in parentheses.

Sec. 1 A. Waste Description (page 22)
Non RCRA Hazardous Waste Solid, Polishing Dust

B. EPA Hazardous Waste Codes (page 22)		C. State Hazardous Waste Codes (page 22)	
NA	NA	181	
D. Source Code (page 23)	E. Form Code (page 23)	F. RCRA Radioactive Mixed (page 23)	G. Quantity Generated in 2001 (page 22)
G21	W307	<input type="checkbox"/> Yes	13,000.000000
Management Method Code for Source Code G25		H. UOM (page 23)	
		Density 1	
		<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	

Sec. 2 Was any of this waste managed on-site? (page 24)
☐ Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)
☒ No (SKIP TO SEC. 3)

ON-SITE PROCESS SYSTEM 1

On-site Management Method Code (page 24) Quantity treated, disposed or recycled on-site in 2001 (page 25)

ON-SITE PROCESS SYSTEM 2

On-site Management Method Code (page 24) Quantity treated, disposed or recycled on-site in 2001 (page 25)

Sec. 3 A. Was any of this waste shipped off-site in 2001 for treatment, disposal or recycling? (pages 25 and 26)
☒ Yes (CONTINUE TO BOX B) ☐ No (FORM IS COMPLETE)

Site 1	B. EPA ID No. of facility to which waste was shipped (page 26)	C. Off-site Management Method Code Shipped to (page 26)	D. Total quantity shipped in 2001 (page 26)
	NVT330010000	H132	13,000.000000
Site 2	B. EPA ID No. of facility to which waste was shipped (page 26)	C. Off-site Management Method Code Shipped to (page 26)	D. Total quantity shipped in 2001 (page 26)
Site 3	B. EPA ID No. of facility to which waste was shipped (page 26)	C. Off-site Management Method Code Shipped to (page 26)	D. Total quantity shipped in 2001 (page 26)

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Caltron Plating

EPA ID NO: CAD008237950



FORM
GM

U.S. ENVIRONMENTAL
PROTECTION AGENCY

2001 Hazardous Waste Report

WASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 19 of the instructions and forms booklet before completing this form. In addition, the page number of instructions specific to each box is provided in parentheses.

Sec. 1	A. Waste Description (page 22) Waste Chromic Acid solution UN 1755				
B. EPA Hazardous Waste Codes (page 22)		C. State Hazardous Waste Codes (page 22)			
D002 D007		723 792			
NA NA NA					
D. Source Code (page 23) G08		E. Form Code (page 23) W103	F. RCRA Radioactive Mixed (page 23)	G. Quantity Generated in 2001 (page 22) 400.000000	H. UOM (page 23) 5
Management Method Code for Source Code G25					Density 10.00
			<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> lbs/gal <input type="checkbox"/> sg

Sec. 2	Was any of this waste managed on-site? (page 24)	
<input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)		
<input checked="" type="checkbox"/> No (SKIP TO SEC. 3)		
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2
On-site Management Method Code (page 24)	Quantity treated, disposed or recycled on-site in 2001 (page 25)	On-site Management Method Code (page 24)
		Quantity treated, disposed or recycled on-site in 2001 (page 25)

Sec. 3	A. Was any of this waste shipped off-site in 2001 for treatment, disposal or recycling? (pages 25 and 26)		
<input checked="" type="checkbox"/> Yes (CONTINUE TO BOX B) <input type="checkbox"/> No (FORM IS COMPLETE)			
Site 1	B. EPA ID No. of facility to which waste was shipped (page 26) AZD980892731	C. Off-site Management Method Code Shipped to (page 26) H071	D. Total quantity shipped in 2001 (page 26) 400.000000
Site 2	B. EPA ID No. of facility to which waste was shipped (page 26)	C. Off-site Management Method Code Shipped to (page 26)	D. Total quantity shipped in 2001 (page 26)
Site 3	B. EPA ID No. of facility to which waste was shipped (page 26)	C. Off-site Management Method Code Shipped to (page 26)	D. Total quantity shipped in 2001 (page 26)

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Caltron Plating

EPA ID NO: CAD008237950



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U.S. ENVIRONMENTAL
PROTECTION AGENCY

2001 Hazardous Waste Report

WASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 19 of the instructions and forms booklet before completing this form. In addition, the page number of instructions specific to each box is provided in parentheses.

Sec. 1					
A. Waste Description (page 22) Waste Corrosive inorganic Nitric Acid UN3266					
B. EPA Hazardous Waste Codes (page 22)		D002 D007 NA NA NA		C. State Hazardous Waste Codes (page 22) 726	
D. Source Code (page 23) G08 Management Method Code for Source Code G25		E. Form Code (page 23) W103		F. RCRA Radioactive Mixed (page 23) <input type="checkbox"/> Yes	
				G. Quantity Generated in 2001 (page 22) 4,495.000000	
				H. UOM (page 23) 5 Density 9.00 <input checked="" type="checkbox"/> lbs/gal <input type="checkbox"/> sg	

Sec. 2			
Was any of this waste managed on-site? (page 24) <input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)			
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site Management Method Code (page 24)	Quantity treated, disposed or recycled on-site in 2001 (page 25)	On-site Management Method Code (page 24)	Quantity treated, disposed or recycled on-site in 2001 (page 25)

Sec. 3			
A. Was any of this waste shipped off-site in 2001 for treatment, disposal or recycling? (pages 25 and 26) <input checked="" type="checkbox"/> Yes (CONTINUE TO BOX B) <input type="checkbox"/> No (FORM IS COMPLETE)			
Site 1	B. EPA ID No. of facility to which waste was shipped (page 26) CAD008488025	C. Off-site Management Method Code Shipped to (page 26) H077	D. Total quantity shipped in 2001 (page 26) 4,495.000000
Site 2	B. EPA ID No. of facility to which waste was shipped (page 26)	C. Off-site Management Method Code Shipped to (page 26)	D. Total quantity shipped in 2001 (page 26)
Site 3	B. EPA ID No. of facility to which waste was shipped (page 26)	C. Off-site Management Method Code Shipped to (page 26)	D. Total quantity shipped in 2001 (page 26)

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Caltron Plating

EPA ID NO: CAD008237950



FORM
GM

U.S. ENVIRONMENTAL
PROTECTION AGENCY

2001 Hazardous Waste Report

WASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 19 of the instructions and forms booklet before completing this form. In addition, the page number of instructions specific to each box is provided in parentheses.

Sec. 1	A. Waste Description (page 22) Waste Corrosive liquid acidic inorganic, Sulfuric, CuSulfate				
B. EPA Hazardous Waste Codes (page 22)		C. State Hazardous Waste Codes (page 22)			
D002 NA		792			
NA NA NA					
D. Source Code (page 23)	G08	E. Form Code (page 23)	F. RCRA Radioactive Mixed (page 23)	G. Quantity Generated in 2001 (page 22)	H. UOM (page 23)
Management Method Code for Source Code G25		W103	<input type="checkbox"/> Yes	550.000000	5
					Density 9.00
					<input checked="" type="checkbox"/> lbs/gal <input type="checkbox"/> sg

Sec. 2	Was any of this waste managed on-site? (page 24)	
<input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)		
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2
On-site Management Method Code (page 24)	Quantity treated, disposed or recycled on-site in 2001 (page 25)	On-site Management Method Code (page 24)
		Quantity treated, disposed or recycled on-site in 2001 (page 25)

Sec. 3	A. Was any of this waste shipped off-site in 2001 for treatment, disposal or recycling? (pages 25 and 26)		
<input checked="" type="checkbox"/> Yes (CONTINUE TO BOX B) <input type="checkbox"/> No (FORM IS COMPLETE)			
Site 1	B. EPA ID No. of facility to which waste was shipped (page 26)	C. Off-site Management Method Code Shipped to (page 26)	D. Total quantity shipped in 2001 (page 26)
	AZD980892731	H077	550.000000
Site 2	B. EPA ID No. of facility to which waste was shipped (page 26)	C. Off-site Management Method Code Shipped to (page 26)	D. Total quantity shipped in 2001 (page 26)
Site 3	B. EPA ID No. of facility to which waste was shipped (page 26)	C. Off-site Management Method Code Shipped to (page 26)	D. Total quantity shipped in 2001 (page 26)

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Caltron Flating

EPA ID NO: CAD008237950



FORM
GM

U.S. ENVIRONMENTAL
PROTECTION AGENCY

2001 Hazardous Waste Report

WASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 19 of the instructions and forms booklet before completing this form. In addition, the page number of instructions specific to each box is provided in parentheses.

Sec. 1	A. Waste Description (page 22) Waste Corrosive Liquid UN1760, Chromic Acid				
B. EPA Hazardous Waste Codes (page 22)		C. State Hazardous Waste Codes (page 22)			
D002 D007 NA NA NA		792			
D. Source Code (page 23)	E. Form Code (page 23)	F. RCRA Radioactive Mixed (page 23)	G. Quantity Generated in 2001 (page 22)	H. UOM (page 23)	
G08 Management Method Code for Source Code G25	W103	<input type="checkbox"/> Yes	495.000000	5 Density 9.50 <input checked="" type="checkbox"/> lbs/gal <input type="checkbox"/> sg	

Sec. 2	Was any of this waste managed on-site? (page 24)	
<input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)		
<input checked="" type="checkbox"/> No (SKIP TO SEC. 3)		
ON-SITE PROCESS SYSTEM 1		
On-site Management Method Code (page 24)	Quantity treated, disposed or recycled on-site in 2001 (page 25)	
ON-SITE PROCESS SYSTEM 2		
On-site Management Method Code (page 24)	Quantity treated, disposed or recycled on-site in 2001 (page 25)	

Sec. 3	A. Was any of this waste shipped off-site in 2001 for treatment, disposal or recycling? (pages 25 and 26)		
<input checked="" type="checkbox"/> Yes (CONTINUE TO BOX B) <input type="checkbox"/> No (FORM IS COMPLETE)			
Site 1	B. EPA ID No. of facility to which waste was shipped (page 26)	C. Off-site Management Method Code Shipped to (page 26)	D. Total quantity shipped in 2001 (page 26)
	CAT080033681	H071	495.000000
Site 2	B. EPA ID No. of facility to which waste was shipped (page 26)	C. Off-site Management Method Code Shipped to (page 26)	D. Total quantity shipped in 2001 (page 26)
Site 3	B. EPA ID No. of facility to which waste was shipped (page 26)	C. Off-site Management Method Code Shipped to (page 26)	D. Total quantity shipped in 2001 (page 26)

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Caltron Plating

EPA ID NO: CAD008237950



FORM
GM

U.S. ENVIRONMENTAL
PROTECTION AGENCY

2001 Hazardous Waste Report

WASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 19 of the instructions and forms booklet before completing this form. In addition, the page number of instructions specific to each box is provided in parentheses.

Sec. 1		A. Waste Description (page 22) Waste Cyanide Inorganic Solid UN1588			
B. EPA Hazardous Waste Codes (page 22)		D003	NA	C. State Hazardous Waste Codes (page 22)	
NA		NA	NA	181	
D. Source Code (page 23)	G07	E. Form Code (page 23)	W312	F. RCRA Radioactive Mixed (page 23)	G. Quantity Generated in 2001 (page 22)
Management Method Code for Source Code G25				<input type="checkbox"/> Yes	1,000.000000
					H. UOM (page 23) 1 Density <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

Sec. 2		Was any of this waste managed on-site? (page 24)	
		<input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)	
		<input checked="" type="checkbox"/> No (SKIP TO SEC. 3)	
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site Management Method Code (page 24)	Quantity treated, disposed or recycled on-site in 2001 (page 25)	On-site Management Method Code (page 24)	Quantity treated, disposed or recycled on-site in 2001 (page 25)

Sec. 3		A. Was any of this waste shipped off-site in 2001 for treatment, disposal or recycling? (pages 25 and 26)	
		<input checked="" type="checkbox"/> Yes (CONTINUE TO BOX B) <input type="checkbox"/> No (FORM IS COMPLETE)	
Site 1	B. EPA ID No. of facility to which waste was shipped (page 26)	C. Off-site Management Method Code Shipped to (page 26)	D. Total quantity shipped in 2001 (page 26)
	CAD097030993	H073	1,000.000000
Site 2	B. EPA ID No. of facility to which waste was shipped (page 26)	C. Off-site Management Method Code Shipped to (page 26)	D. Total quantity shipped in 2001 (page 26)
Site 3	B. EPA ID No. of facility to which waste was shipped (page 26)	C. Off-site Management Method Code Shipped to (page 26)	D. Total quantity shipped in 2001 (page 26)

Comments:

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SITE NAME: Caltron Plating

EPA ID NO: CAD008237950



FORM
GM

U.S. ENVIRONMENTAL
PROTECTION AGENCY

2001 Hazardous Waste Report

WASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 19 of the instructions and forms booklet before completing this form. In addition, the page number of instructions specific to each box is provided in parentheses.

Sec. 1	A. Waste Description (page 22) Waste Cyanide Solution UN1935				
B. EPA Hazardous Waste Codes (page 22)		C. State Hazardous Waste Codes (page 22)			
F007 F009 NA NA NA		131 711			
D. Source Code (page 23) G08 Management Method Code for Source Code G25		E. Form Code (page 23) W107	F. RCRA Radioactive Mixed (page 23) <input type="checkbox"/> Yes	G. Quantity Generated in 2001 (page 22) 118.000000	H. UOM (page 23) Density 5 9.00 <input checked="" type="checkbox"/> lbs/gal <input type="checkbox"/> sg

Sec. 2	Was any of this waste managed on-site? (page 24) <input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)	
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2
On-site Management Method Code (page 24)	Quantity treated, disposed or recycled on-site in 2001 (page 25)	On-site Management Method Code (page 24) Quantity treated, disposed or recycled on-site in 2001 (page 25)

Sec. 3	A. Was any of this waste shipped off-site in 2001 for treatment, disposal or recycling? (pages 25 and 26) <input checked="" type="checkbox"/> Yes (CONTINUE TO BOX B) <input type="checkbox"/> No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped (page 26) AZT050010685	C. Off-site Management Method Code Shipped to (page 26) H073	D. Total quantity shipped in 2001 (page 26) 118.000000
Site 2	B. EPA ID No. of facility to which waste was shipped (page 26)	C. Off-site Management Method Code Shipped to (page 26)	D. Total quantity shipped in 2001 (page 26)
Site 3	B. EPA ID No. of facility to which waste was shipped (page 26)	C. Off-site Management Method Code Shipped to (page 26)	D. Total quantity shipped in 2001 (page 26)

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Caltron Plating

EPA ID NO: CAD008237950



FORM
GM

U.S. ENVIRONMENTAL
PROTECTION AGENCY

2001 Hazardous Waste Report

WASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 19 of the instructions and forms booklet before completing this form. In addition, the page number of instructions specific to each box is provided in parentheses.

Sec. 1		A. Waste Description (page 22) Filter Cake Sludge			
B. EPA Hazardous Waste Codes (page 22)		D007 F006 NA NA NA		C. State Hazardous Waste Codes (page 22) 171	
D. Source Code (page 23) G23 Management Method Code for Source Code G25	E. Form Code (page 23) W301	F. RCRA Radioactive Mixed (page 23) <input type="checkbox"/> Yes	G. Quantity Generated in 2001 (page 22) 21,200.000000	H. UOM (page 23) Density 1 <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	

Sec. 2		Was any of this waste managed on-site? (page 24) <input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)	
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site Management Method Code (page 24)	Quantity treated, disposed or recycled on-site in 2001 (page 25)	On-site Management Method Code (page 24)	Quantity treated, disposed or recycled on-site in 2001 (page 25)

Sec. 3		A. Was any of this waste shipped off-site in 2001 for treatment, disposal or recycling? (pages 25 and 26) <input checked="" type="checkbox"/> Yes (CONTINUE TO BOX B) <input type="checkbox"/> No (FORM IS COMPLETE)	
Site 1	B. EPA ID No. of facility to which waste was shipped (page 26) CAT080033681	C. Off-site Management Method Code Shipped to (page 26) H010	D. Total quantity shipped in 2001 (page 26) 21,200.000000
Site 2	B. EPA ID No. of facility to which waste was shipped (page 26)	C. Off-site Management Method Code Shipped to (page 26)	D. Total quantity shipped in 2001 (page 26)
Site 3	B. EPA ID No. of facility to which waste was shipped (page 26)	C. Off-site Management Method Code Shipped to (page 26)	D. Total quantity shipped in 2001 (page 26)

Comments:

C. W. Berry

Full Name: Biennial Report Address
Last Name: Address
First Name: Biennial
Job Title: Frank Lauricella

Business Address: CA DTSC
Office of Env. Info. Management
P.O. Box 806
Sacramento, Ca. 95812-0806

Business: (916) 323-2964
Business Fax: (916) 327-4495

E-mail: FLaurice@dtsc.ca.gov

Santa Fe Springs Fire Department
11300 Greenstone Ave
Santa Fe Springs, CA 90670
Phone: (562) 944-9713
Fax: (562) 941-1817

**SANTA FE SPRINGS
FIRE DEPARTMENT**

Fax

To: Ron Brown**From:** Richard Kallman**Fax:** 415-947-3530**Pages (including cover sheet):** 18.**Phone:****Date:** 11/24/03**Re:** Cal-Tron Plating**CC:**

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Per Your Request

☐ FYI

• Comments:

Ron,

Here are inspection reports and NOVs from 2001 and 2003. Note, records were not reviewed in 2003 (since we are out there annually, we don't always review records). If you have any questions, please give me a call at 562-906-3810.

Thanks,

Richard Kallman, PE
Environmental Protection Specialist
City of Santa Fe Springs
11300 Greenstone Avenue
Santa Fe Springs, CA 90670
richardkallman@santafesprings.org
562-906-3810



Environmental Protection Division • Certified Unified Program Agency

11300 Greenstone Ave • Santa Fe Springs, CA • 90670: Tel (562) 944-9713 Fax (562) 941-1817

CUPA INSPECTION REPORT

PERMIT NO: 600042
 BUSINESS NAME: CAL-TRON PLATING IN
 SITE ADDRESS: 11919 RIVERA,
 FACILITY PHONE: 5629451181
 SIC CODE: 3471
 INSPECTOR: TH/RAK

☒ HMBP ☐ UST
☒ HWG ☒ CalARP
☒ Industrial Waste ☐ SPCC
☐ UFC ☒ Storm Water
☒ Tiered ☒ LQG
☐ PBR-HMW ☐ Recycler

Inspected by: Richard Kallman

Date: 2/4/03

Refer to Title 19, 22, & 23 of the California Code of Regulations (CCR), Chapters 6.5, 6.7, 6.67, & 6.95 of the Health and Safety Code (CHSC). The following Code selections are either in Violation (V) of, or in Compliance (C), or compliance is Not Applicable (N).

Inspection consent given by: Carl Troncale

HAZARDOUS WASTE GENERATOR

1. Hazardous Waste Generator Permit	CITY ORD. 97.400	<input checked="" type="checkbox"/>
2. Hazardous Waste Determination made	CCR 66262.11	<input checked="" type="checkbox"/>
3. EPA ID Number obtained	CCR 66262.12(a)	<input checked="" type="checkbox"/>
4. Proper disposal of hazardous waste	CHSC 25189.5(a)	<input checked="" type="checkbox"/>
5. Operate/maintain to prevent release/fire	CCR 66265.31	<input checked="" type="checkbox"/>
6. Container labeling requirements met	CCR 66262.34(f)	<input checked="" type="checkbox"/>
7. Hazardous waste accumulation time	CCR 66262.34(c)(1)	<input checked="" type="checkbox"/>
8. Hazardous waste containers sound	CCR 66265.171	<input checked="" type="checkbox"/>
9. Maintain proper aisle space	CCR 66265.35	<input checked="" type="checkbox"/>
10. Hazardous waste containers closed	CCR 66265.173(a)	<input checked="" type="checkbox"/>
11. Separation of incompatible hazmat	CCR 66265.177(c)	<input checked="" type="checkbox"/>
12. Proper mgmt. contaminated containers	CCR 66261.7(f)	<input checked="" type="checkbox"/>
13. Haz waste storage area inspected weekly	CCR 66265.174	<input checked="" type="checkbox"/>
14. Haz waste tanks inspected daily	CCR 66265.195	<input checked="" type="checkbox"/>
15. Satellite accumulation requirements met	CCR 66262.34(e)	<input checked="" type="checkbox"/>
16. Ignitable/reactives 50' from property line	CCR 66265.176	<input checked="" type="checkbox"/>
17. Contingency Plan established	CCR 66265.51	<input checked="" type="checkbox"/>
18. Hazardous waste manifest complete	CCR 66262.23(a)	<input checked="" type="checkbox"/>
19. Manifest copies sent to DTSC	CCR 66262.23(a)(4)	<input checked="" type="checkbox"/>
20. Manifest copies retained for 3 years	CCR 66262.40(a)	<input checked="" type="checkbox"/>
21. LDR documents retained for 3 years	CCR 66268.7(a)	<input checked="" type="checkbox"/>
22. Consolidated manifest record-keeping	CHSC 25144.6	<input checked="" type="checkbox"/>
23. Biennial Report prepared - RCRA LQG	CCR 66262.41	<input checked="" type="checkbox"/>
24. Haz waste determination documentation	CCR 66262.40(c)	<input checked="" type="checkbox"/>
25. Personnel training requirements met	CCR 66265.16	<input checked="" type="checkbox"/>
26. SB14 requirements met for LQG's	CCR 67100.3	<input checked="" type="checkbox"/>

Hazardous Waste Generator continued.....

27. Hazwaste transported to proper TSDF	CHSC 25163	<input checked="" type="checkbox"/>
28. Hazwaste transported by registered hauler	CCR 66263.17	<input checked="" type="checkbox"/>
29. Excluded Recyclable Mat. record-keeping	CHSC 25143.2	<input checked="" type="checkbox"/>
30. Recyclable Mat. Reporting form filed	CHSC 25143.10	<input checked="" type="checkbox"/>
31. Used oil receipts complete/available	CHSC 25250.8(b)	<input checked="" type="checkbox"/>
32. Proper management of used oil	CHSC 25250.4	<input checked="" type="checkbox"/>
33. Proper management of Universal Waste	CCR 66273	<input checked="" type="checkbox"/>
34. Proper management of used oil filters	CCR 66266.130	<input checked="" type="checkbox"/>
35. Proper mgmt. of lead/acid batteries	CCR 66266.81	<input checked="" type="checkbox"/>
36. Proper mgmt. of contaminated rags	CHSC 25144.6	<input checked="" type="checkbox"/>

HAZARDOUS MATERIALS BUSINESS PLAN

37. HMBP established and filed	CHSC 25503.5	<input checked="" type="checkbox"/>
38. HMBP updated/accurate	CHSC 25505	<input checked="" type="checkbox"/>
39. Regulated Substances Reg. completed	CHSC 25533(a)	<input checked="" type="checkbox"/>

UNDERGROUND STORAGE TANK

40. Tank meets requirements	CCR 23 Div. 3, Ch 16	<input checked="" type="checkbox"/>
41. Tank meets requirements	UFC Article 52	<input checked="" type="checkbox"/>
42. Tank meets requirements	CHSC, Ch. 6.7	<input checked="" type="checkbox"/>

ABOVEGROUND PETROLEUM STORAGE TANK

43. SPCC Plan complete per requirements	CHSC 25270.3	<input checked="" type="checkbox"/>
---	--------------	-------------------------------------

TIERED PERMIT

44. Authorization to treat hazardous waste	CHSC 25201(b)	<input checked="" type="checkbox"/>
45. Certificate to financial assurance	CCR 67450.13(a)	<input checked="" type="checkbox"/>

UNIFORM FIRE CODE

46. Compliance for flamm. & combust. liquids	UFC Article 79	<input checked="" type="checkbox"/>
47. Compliance for hazardous materials	UFC Article 80	<input checked="" type="checkbox"/>

NARRATIVE/COMMENTS

open waste tanks
 label 170c shipping tanks (outside)
 * No waste records not reviewed

Program Inspected: HMBP ☒ HWG ☒ LQG ☐ UST ☐ TP ☒ PBR ☒ CalARP ☐ SPCC ☐ SWPPP ☒ IW ☒ RECYCLER ☐

Inspection Type: Routine ☒ Other ☐ HWG Status: LQG ☒ SQG ☐ CA ONLY ☐ RECYCLER ☐ CESQG Silver ☐ SPG ☐ Number of

Inspection Category: Single Program ☐ Combined ☒ Joint ☐ Integrated/Multi-Media ☐ NOV Issued ☒ Employees: _____

CITY OF SANTA FE SPRINGS FIRE DEPARTMENT**Environmental Protection Division • Certified Unified Program Agency**

11300 Greenstone Ave • Santa Fe Springs, CA • 90670: Tel (562) 944-9713 Fax (562) 941-1817

Company Name: Carl Iron Mining
Inspected by: Richard BallmanAddress: 11919 RiveraDate: 2 / 4 / 03

Refer to Title 19, 22, & 23 of the California Code of Regulations (CCR), Chapters 6.5, 6.7, 6.67, & 6.95 of the Health and Safety Code (CHSC). The following Code selections are either in Violation (V) of, or in Compliance (C), or compliance is Not Applicable (N).

HAZARDOUS WASTE TREATMENT FACILITY INSPECTION REPORT

		NARRATIVE/COMMENTS			
1. Submit notification form and plot plan/map 60 days before hazardous waste treatment begins.	CHSC 25200.3 CHSC 25201.5 CCR 67450.2(b)				K
2. Correctly identify all generator information on the notification form.	CCR 67450.2(b) CHSC 25200.3(e)(3) CHSC 25201.5(d)(7) CHSC 25201.14(e)(2) CHSC 25144.6(c)(6)				K
3. Amend the notification to reflect changes from the latest forms submitted.	CHSC 25200.3(k) CHSC 25201.5(i) CCR 67450.3(c)(4)				K
4. The treatment technology is authorized.	CHSC 25201.5(c) CHSC 25200.3(b)(3) CCR 67450.3(c)(4)				K
1. Prepare and maintain written operating instructions and a record of the dates, amounts, and types of waste treated for 3 years.	CHSC 25201.5(d)(3) CHSC 25201.5(d)(5)				K
2. Prepare and maintain a written inspection schedule and log of inspections conducted for 3 years.	CHSC 25201.5(d)(4) CHSC 25201.5(d)(5)				X
3. Remove or decontaminate all waste residues and systems, soils, etc. contaminated with hazardous waste and provide written notification upon completion of all activities.	CHSC 25201.5(d)(8)				K
4. Ancillary equipment of tanks or containers treating hazardous waste must be tested every two years if there is not secondary containment.	CHSC 25201.5(c) CCR 66265.191				K
1. Hazardous Waste Treatment Area Control: • Sign posted "Danger Hazardous Waste Area - Keep Out" • Access to entry point controlled at all times	CCR 66265.17(a) CCR 67450.3(c)(9)(A) CHSC 25200.3(c)(1)				K
2. Complete the Tiered Permitting Phase I Environmental Assessment Checklist (DTSC form 1151).	CHSC 25200.14(a)(1) CHSC 25200.3(c)(3)				K
3. Submit financial assurance (when required) for closure and a Certification of Financial Assurance form.	CHSC 25245.4(b)(1)(B) CCR 67450.13(a)				X
4. Adjust the closure cost estimate for inflation by March of each year.	CCR 67450.13(a)(2)				K
1. Certify annually that a program has been established to reduce the volume or quantity and toxicity of hazardous waste to the degree deemed economically practicable by the generator.	CHSC 25200.3(c)(2) CHSC 25202.9				K
2. Maintain the hazardous waste area containment system to be free of cracks or gaps, and be impervious to leaks, spills, and accumulated precipitation.	CHSC 25200.3(c)(4) CCR 66264.175(a) CCR 66264.175(b)(1)				K
3. Remove spills, leaks, or accumulated precipitation from containment area in a timely manner.	CHSC 25200.3(c)(4) CCR 66264.175(b)(5)				K
4. Ancillary equipment, without secondary containment, must be integrity tested every two years.	CHSC 25200.3(c)(4)(A) CCR 66265.191				X
5. Prepare and maintain a written inspection schedule and a log of inspections conducted.	CCR 66262.34(d)(2)				K
6. Treat only hazardous waste generated onsite.	CHSC 25200.3(c)(8)				K
1. Label exterior of each FTU.	CCR 67450.3(c)(7)				K
2. Provide the waste analysis plan (CCR 66265.13(b)).	CCR 67450.3(c)(8)(A)				K
3. Provide written inspection schedule (CCR 66265.15(b)).	CCR 67450.3(c)(8)(B)				X
4. Provide a copy of the closure plan (CCR 67450.3(c)(11)(B)).	CCR 67450.3(c)(8)(C)				K
5. Failure to prepare/submit annual report requested by CUPA.	CCR 67450.3(c)(10)				K
6. Failure to remove hazardous waste within 90 days of treating the final volume.	CCR 67450.3(c)(11)(D)				K
7. Failure to complete closure activities within 180 days of final hazardous waste removal.	CCR 67450.3(c)(11)(E)				K
8. Failure to notify the CUPA 15 days before the completion of closure.	CCR 67450.3(c)(11)(F)				K
9. Failure to submit a closure certification signed by the o/o and a P.E.	CCR 67450.3(c)(11)(G)				K

- Give form to complete

- need to mark all tanks

Number of TP on file:

PDR ___ CA ___ CESW ___ CESQT ___ CEL ___ CE-CL ___ TOTAL ___

FTU's On-site during inspection:

PBR ___ CA ___ CESW ___ CESQT ___ CEL ___ CE-CL ___ TOTAL ___



City of Santa Fe Springs Fire Department
Fire Protection Division Environmental Protection Division
 11300 Greenstone Ave. Santa Fe Springs CA 90670-4619 (562) 944-9713 fax (562) 941-1817
NOTICE OF VIOLATION & ORDER TO COMPLY

Business Name Cal-Tron Plating **Contact** Carl Troncale
Site Address 11919 Rivera **Unit #** _____
Business Owner _____ **Telephone** (562) 945-1181

Date Inspected 2/4/03 **Inspector(s)** Richard Kallman

☒ **FIRST NOTICE**

☐ **SECOND NOTICE**

Compliance Due Date

3-4-03

Compliance Due Date

\$ 600 FINE AFTER THIS DATE

Failure to comply by the 2nd Notice will result in additional legal enforcement action.

\$ 300 FINE AFTER THIS DATE

Correct the below stated violations, sign and return this form to avoid late fines.

ITEM	PROGRAM	DESCRIPTION	VIOLATION TYPE
1	H06	Ensure the hazardous waste containers are closed except when adding or removing materials (22CE6745.173(A)) (Tanks adjacent to Treatment unit)	Minor
2	T.P.	Keep a written log & record the date, amount of waste, and type of waste treated (HSC 25201.5(a)(3)).	Minor
3	T.P.	Adjust/update closure cost estimate for treatment unit (22CE 67450.13(a)(2)).	Minor
4	TP	Complete annual waste minimization certification (HSC 25202.9).	Minor
5	TP	Label exterior of each component of the treatment system with the name of the company, facility ID# (600042) & an individual serial number (marking must be permanent) (22CE 67450.3(a)(7)).	Minor
6	TP	Provide a copy of the waste analysis plan (22CE 67450.3(a)(8)(A))	Minor
7	T.P.	Provide a plan for meeting secondary containment requirements for tanks and ancillary equipment (piping) which convey/hold hazardous waste. Plan must include proposed actions and implementation timeframe. Failure to comply will result in enforcement action (22CE 67450.19)	Class II

I have read and understand the above stated violations. After these violations have been corrected, I will sign and return this form to avoid late fines.

Carl Troncale
 SIGNATURE OF RESPONSIBLE PARTY

CARL TRONCALE
 PRINT NAME

2-4-03
 DATE

The above conditions or practices are in violation of the California Environmental Protection Act (CEQA) and the California Air Resources Act (CARB). The above violations are in violation of the California Environmental Protection Act (CEQA) and the California Air Resources Act (CARB). The above violations are in violation of the California Environmental Protection Act (CEQA) and the California Air Resources Act (CARB).

Carl Troncale
 SIGNATURE OF RESPONSIBLE PARTY

CARL TRONCALE
 PRINT NAME

3-4-03
 DATE

CAL-TRON PLATING

Waste Analysis Plan

February 25, 2003

As a generator of hazardous waste and in accordance with 22CCR 67450.3(c)(8)(A), Cal-Tron Plating has established this waste analysis plan for all hazardous waste streams generated at the facility that are treated through the waste treatment unit pursuant to the requirements of Permit by Rule.

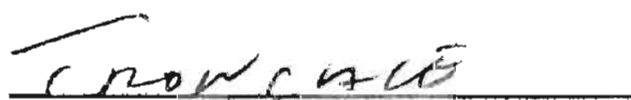
Currently, there are four influent waste streams generated as the result of processing at Cal-Tron Plating. The waste streams include metal-containing wastewaters, other than chromium) that are acidic or alkaline in nature, chromium-containing wastewaters, and cyanide-containing wastewaters.


Each waste stream shall be sampled prior to treatment and tested in accordance with EPA prescribed testing methods by a laboratory that has been certified by the State of California. Each waste stream shall be sampled and tested once every three years.

CAL-TRON PLATING**Annual Waste Minimization Certification**

In accordance with HSC 25202.9 and as a generator of hazardous waste, Cal-Tron Plating has established a program to reduce the volume and toxicity of hazardous waste to the degree, determined by Cal-Tron Plating, to be economically practicable. Established methods of treatment used at the facility are practicable and are in accordance with generally recognized treatment methods used in the metal finishing industry for acidic, alkaline, heavy metal, hexavalent chromium, and cyanide-bearing waste streams. It is the intent that all treatment methods minimize any present and future threat to human health and the environment.


Signature of Responsible Party


Printed Name


Date

Hazardous Waste Generation Log

[illegible]

CAL-TRON PLATING

Secondary Containment Plan (Page 1 of 2)

February 25, 2003

In accordance with 22CCR 68265.191, the following plan has been developed by Cal-Tron Plating to meet the requirements of the regulation. The intent of the plan is not only to meet the requirements as the facility currently exists, but includes future considerations for close looping the waste treatment system through the use of evaporation units and methods that will lessen or eliminate the amount of wastewater discharged from the facility. Minimization of the amount of wastewater transferred to the treatment system will be achieved by elimination of all flowing rinses. The plan has been created with milestones designed to meet the final goal of close looping the wastewater treatment system.

April 15, 2003

- All containment berms shall be kept free of liquids. Inspection of the berms shall be included with the daily PBR inspections.
- Install an evaporation unit to evaporate treated wastewater. An evaluation of the throughput of the unit will be made to provide data on how many additional units will be needed to close loop the treatment system.
- Initially run the evaporation unit twelve to twenty four hours per day for five to seven days per week.
- Define rinse tanks that will be selected for evaporation. Eliminate water flow to and from the tanks and establish them as static rinses. Preliminarily, it is proposed that rinse water from the static rinses should be transferred to the waste treatment system twice per day. It is proposed that the existing above ground clarifier will be used as a holding or feed tank for the static rinses.

June 15, 2003

- Install a transfer pump to the clarifier from the inside of the plant. The pump will use an existing sump and will have a rigid liner installed for secondary containment. It is proposed that under ground tank (T8) depicted on Treatment Plan Drawing dated 21 Mar 99 be used for the secondary containment.
- A leak detection system with an alarm will be installed that will sound should the secondary containment tank develop a leak.

September 1, 2003

- Evaluate data gathered from the evaluation of the first evaporation unit that has been put into service.

CAL-TRON PLATING**Secondary Containment Plan (Page 2 of 2)****October 1, 2003**

- Develop a plan for the purchase and installation of the additional evaporation units.
- Submit a plan and engineering drawings to the Santa Fe Springs Fire Department detailing the locations of the evaporation units and how they will be operated.

TBD (based on the purchase and delivery of the evaporation units)

- Purchase the units
- Install the units.
- Discontinue the use of flowing rinses and convert them to static rinses. Remove the associated plumbing.
- Discontinue the use of the underground tanks (T1 - T9 on Treatment Plan Drawing dated 21 Mar 99). One of the underground tanks (T8) will be used for secondary containment of the transfer pump as described in the June 15, 2003 milestone section.

March 3, 2003

Mr. Richard Kallman
Santa Fe Springs Fire Department
11300 Greenstone Avenue
Santa Fe Springs, CA 90670

Dear Mr. Kallman:

This letter is in response to the Notice of Violation and Order to Comply issued to Cal-Tron Plating, 11919 Riviera Road, Santa Fe Springs, CA 90670 issued on February 4, 2003. All of the stated violations have been corrected as follows:

1. Ensure hazardous waste containers are closed except when adding or removing materials. Tanks adjacent to treatment unit. (22CCR 66265.173(a))
 - All containers have been closed. Inspection to assure that this requirement is continually met shall be made.
2. Keep a written log and record the date, amount of waste, and type of waste treated. (HSC 25201.5(d)(3))
 - A "Hazardous Waste Generation Log" has been created and its use has been implemented. (See the attached copy of the log)
3. Adjust/update closure cost estimate for treatment unit. (22CCR 67450.13(a)(2))
 - The closure cost estimate for the waste treatment system has been updated for 2002. (See the attached Closure Plan Update.)
4. Complete annual waste minimization certification. (HSC 25202.9)
 - The waste minimization certification has been updated and is attached.
5. Label exterior of each component of the treatment system with the name of the company, facility ID# (6000) Label exterior of each component of the treatment system with the name of the company, facility ID# (600042) and an individual serial number (marking must be permanent. (22CCR 67450.3(c)(7))
 - Labels containing all required elements have been permanently affixed to each component of the treatment unit.
6. Provide a copy of the waste analysis plan. (22CCR 67450.3(c)(8)(A))
 - A "Waste Analysis Plan" has been created and is attached.

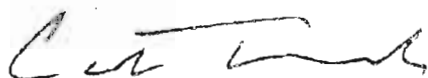
7. Provide a plan for meeting secondary containment requirements for tanks and ancillary equipment (piping) that conveys and hold hazardous waste. Plan must include proposed actions and implementation timeframe. (22CCR 66265.181)

- A detailed plan with implementation milestones has been created to comply with the requirements of the regulation and is attached.

If you have any questions or need additional information on the above-detailed items, please feel free to contact me at (562) 945-1181.

Regards,

Ceri Troncale



cc: Diana Crane

Richard A. Kallman

From: Richard A. Kallman
Sent: Wednesday, March 05, 2003 2:40 PM
To: 'carlcaltron@aol.com'
Subject: Notice of Violation Response

Carl,

Thanks for the timely response to the violation notice. The information will be reviewed, and if there are any problems, I will get back to you. The schedule for compliance for the secondary containment is acceptable and I look forward to working with you to accomplish this project. Please contact me if you have any questions regarding the project and keep me informed as to your progress. I will look for updates from you on each of the milestone dates identified in your February 25, 2003 proposal.

Thanks,

Richard Kallman
11300 Greenstone Avenue
Santa Fe Springs, CA 90670
(562) 806-3810
richardkallman@santafesprings.org

3/5/2003



City of Santa Fe Springs

Headquarters Fire Station

11300 Greenstone Ave. • CA • 90670-1619 • (562) 944-9713 • Fax (562) 941-1817 • www.santafesprings.org

March 17, 2003

Carl Troncale
President
Cal-Tron Plating, Inc.
11919 Rivera Road
Santa Fe Springs, CA 90670

Dear Mr. Troncale,

The Fire Department has reviewed your preliminary plans for modification of the wastewater treatment system and the plans are conceptually acceptable. Please provide updates on these items according to the following schedule:

1. By April 30th, provide the information identified in the April 15th milestone.
2. Prior to installation of the sump liner, provide details of the system, including the alarm system.
3. By June 30th, provide the information identified in the June 15th milestone.
4. By October 1st, provide the information identified in the October 1st milestone as well as an implementation timeline for the actions identified in the "To Be Determined" milestone.

The Fire Department is committed to working with you on this important compliance issue. If you have any questions regarding these requirements, please contact Richard Kallman at 562-906-3810.

Sincerely,

A handwritten signature in cursive script that reads "Neal Welland".

Neal Welland DK
Fire Chief

Cc: Diana Crane

May 8, 2003

Mr. Richard Kallman
Santa Fe Springs Fire Department
11300 Greenstone Avenue
Santa Fe Springs, CA 90670

Dear Mr. Kallman;

This letter is in response to the Notice of Violation and Order to Comply issued to Cal-Tron Plating, 11919 Riviera Road, Santa Fe Springs, CA 90670 on February 4, 2003 and the initial response letter dated March 3, 2003. Since the submittal of the initial response letter to the Santa Fe Springs Fire Department, the South Coast Air Quality Management District has made an on-site visit to Cal-Tron Plating. During the visit, the proposed changes to the waste treatment system were discussed. At that time, the SCAQMD representative informed Cal-Tron Plating that there are permit requirements for any changes that are proposed and intended to be made to the wastewater treatment system. Cal-Tron Plating will be submitting an application for a Change of Conditions of the existing permit. It is estimated that it will take approximately two months for the permit to be granted. No modifications to the system as it now exists may be made until the revised permit has been issued.

The proposed completion dates as described in the Secondary Containment Plan dated February 23, 2003, as submitted to the Santa Fe Springs Fire Department, now require updating. Attached is a revised schedule of dates for the plan. Essentially, the changes are contingent on and reflect the period of two months that it will take to process the SCAQMD permit.

If you have any questions, comments, or need additional information on the above-detailed items, please feel free to contact me at (562) 945-1181.

Respectfully,



Carl Troncale
Cal-Tron Plating

cc: Diana Crane

CAL-TRON PLATING

Secondary Containment Plan (Page 1 of 2)

May 8, 2003

In accordance with 22CCR 66265.191, the following plan has been developed by Cal-Tron Plating to meet the requirements of the regulation. The intent of the plan is not only to meet the requirements as the facility currently exists, but includes future considerations for close looping the waste treatment system through the use of evaporation units and methods that will lessen or eliminate the amount of wastewater discharged from the facility. Minimization of the amount of wastewater transferred to the treatment system will be achieved by elimination of all flowing rinses. The plan has been created with milestones designed to meet the final goal of close looping the wastewater treatment system.

July 15, 2003

- All containment berms shall be kept free of liquids. Inspection of the berms shall be included with the daily PBR inspections.
- Install an evaporation unit to evaporate treated wastewater. An evaluation of the throughput of the unit will be made to provide data on how many additional units will be needed to close loop the treatment system.
- Initially run the evaporation unit twelve to twenty four hours per day for five to seven days per week.
- Define rinse tanks that will be selected for evaporation. Eliminate water flow to and from the tanks and establish them as static rinses. Preliminarily, it is proposed that rinse water from the static rinses should be transferred to the waste treatment system twice per day. It is proposed that the existing above ground clarifier will be used as a holding or feed tank for the static rinses.

September 15, 2003

- Install a transfer pump to the clarifier from the inside of the plant. The pump will use an existing sump and will have a rigid liner installed for secondary containment. It is proposed that under ground tank (T8) depicted on Treatment Plan Drawing dated 21 Mar 99 be used for the secondary containment.
- A leak detection system with an alarm will be installed that will sound should the secondary containment tank develop a leak.

December 1, 2003

- Evaluate data gathered from the evaluation of the first evaporation unit that has been put into service.

CAL-TRON PLATING**Secondary Containment Plan (Page 2 of 2)****January 1, 2004**

- Develop a plan for the purchase and installation of the additional evaporation units.
- Submit a plan and engineering drawings to the Santa Fe Springs Fire Department detailing the locations of the evaporation units and how they will be operated.

TBD (based on the purchase and delivery of the evaporation units)

- Purchase the units
- Install the units.
- Discontinue the use of flowing rinses and convert them to static rinses. Remove the associated plumbing.
- Discontinue the use of the underground tanks (T1 – T9 on Treatment Plan Drawing dated 21 Mar 99). One of the underground tanks (T8) will be used for secondary containment of the transfer pump as described in the June 15, 2003 milestone section.



CITY OF SANTA FE SPRINGS FIRE DEPARTMENT

Environmental Protection Division • Certified Unified Program Agency

11300 Greenstone Ave • Santa Fe Springs, CA • 90670; Tel (562) 944-9713 Fax (562) 941-1817

CUPA INSPECTION REPORT

PERMIT NO: 600042
 BUSINESS NAME: CAL-TRON PLATING IN
 SITE ADDRESS: 11919 RIVERA,
 FACILITY PHONE: 5629451181
 SIC CODE: 3471
 INSPECTOR: TH/RAK

☒ HMBP ☐ UST
☒ HWG ☒ CalARP
☒ Industrial Waste ☐ SPCC
☐ UFC ☒ Storm Water
☒ Tiered ☒ LQG
☐ PBR-HHW ☐ Recycler

Inspected by: William D. DoeDate: 11/22/01

Refer to Title 19, 22, & 23 of the California Code of Regulations (CCR), Chapters 6.5, 6.7, 6.67, & 6.95 of the Health and Safety Code (CHSC). The following Code selections are either in Violation (V) of, or in Compliance (C), or compliance is Not Applicable (N).

Inspection consent given by: Cal Tron Inc

HAZARDOUS WASTE GENERATOR

1. Hazardous Waste Generator Permit	CITY ORD. 97.400	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. Hazardous Waste Determination made	CCR 66262.11	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3. EPA ID Number obtained	CCR 66262.12(a)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4. Proper Disposal of Hazardous Waste	CHSC 25189.5(a)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5. Operate/maintain to prevent release/fire	CCR 66265.31	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
6. Labeling requirements met	CCR 66262.34(f)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
7. Hazardous Waste Accumulation Time	CCR 66262.34(e)(1)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
8. Hazardous Waste Containers sound	CCR 66265.171	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
9. Hazardous Waste Containers not leaking	CCR 66265.173(b)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
10. Hazardous Waste Containers closed	CCR 66265.173(a)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
11. Separation of Incompatible HazMat	CCR 66265.177(c)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
12. Proper mgmt. Contaminated Containers	CCR 66261.7(f)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
13. Storage Area inspected weekly	CCR 66265.174	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
14. Tanks inspected daily	CCR 66262.34(d)(2)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
15. Satellite Accumulation requirements met	CCR 66262.34(e)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
16. Contingency Plan established	CCR 66265.51	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
17. Waste Transported w/ proper documents	CCR 66262.20(a)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
18. Hazardous Waste Manifest complete	CCR 66262.23(a)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
19. Manifest copies sent to DTSC	CCR 66262.23(a)(4)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
20. Manifest copies retained for 3 years	CCR 66262.40(a)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
21. LDR documents retained for 3 years	CCR 66268.7(a)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
22. Milk-run operation record-keeping	CHSC 25144.6	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
23. Biennial Report prepared	CCR 66262.41	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
24. HazWaste Analysis retained for 3 years	CCR 66262.40(c)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
25. Personnel Training requirements met	CCR 66265.16	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
26. SRI4 requirements met for LQG's	CCR 67100.3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Hazardous Waste Generator continued.....

27. HazWaste Transported to proper TSDF	CHSC 25163	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
28. HazWaste Transported by register hauler	CCR 66263.17	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
29. Excluded Recyclable Mat. record-keeping	CHSC 25143.2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
30. Recyclable Mat. Reporting Form filed	CHSC 25143.10	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
31. Used Oil Receipts complete/available	CHSC 25250.8(b)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
32. Proper management of Used Oil	CHSC 25250.4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
33. Used Oil not contaminated	CHSC 25250.7	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
34. Proper management of Used Oil Filters	CCR 66266.130	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
35. Proper management of Used Batteries	CCR 66266.81	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
36. Proper mgmt. of Contaminated Rags	CHSC 25144.6	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

HAZARDOUS MATERIALS BUSINESS PLAN

37. Business Plan established and filed	CHSC 25503.5	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
38. Business Plan updated/accurate	CHSC 25505	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
39. Regulated Substances Reg. completed	CHSC 25533(a)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

UNDERGROUND STORAGE TANK

40. Tank meets requirements	CCR 23 Div. 3, Ch16	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
41. Tank meets requirements	UFC Article 52	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
42. Tank meets requirements	CHSC, Ch. 6.7	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

ABOVEGROUND PETROLEUM STORAGE TANK

43. SPCC Plan complete per requirements	CHSC 25270.3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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TIERED PERMIT

44. Authorization to treat Hazardous Waste	CHSC 25201(a)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
45. Certificate to financial assurance	CCR 67450.13(a)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

UNIFORM FIRE CODE

46. Compliance for flamm. & combust. liquids	UFC Article 79	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
47. Compliance for Hazardous Materials	UFC Article 80	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

NARRATIVE/COMMENTS

Tank w/o containment

Add O₂ to Acetylene to dislodge, Perc

Program Inspected: HMBP ☒ HWG ☒ LQG ☒ UST ☐ TP ☒ PBR ☒ CalARP ☐ SPCC ☐ SWPPP ☒ RW ☒ RECYCLER ☐
 Inspection Type: Routine ☒ Other ☐ HWG Status: LQG ☒ SQG ☐ CA ONLY ☐ RECYCLER ☐ CESQG Silver ☐ SPG ☐ Number of Employees: 10
 Inspection Category: Single Program ☐ Combined ☒ Joint ☐ Integrated/Multi-Media ☒ NOV Issued ☒



11300 Greenstone Ave. Santa Fe Springs CA 90670-4619 (562) 944-9713 fax (562) 941-1817

DATE _____



CALTRON PLATING, INC.,
11919 RIVERA RD.
SANTA FE SPRINGS, CA. 90670

Please go to the reverse of this form and provide the requested information.

I.D. - FOR OFFICIAL USE ONLY

5	W	C	A	D	0	0	8	2	3	7	9	5	0	2	1
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23	24	25	26	27	28
7	8	9	10	11	12
23	24	25	26	27	28

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23	24	25	26	27	28
19	20	21	22	23	24
23	24	25	26	27	28
25	26	27	28	29	30
23	24	25	26	27	28

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
23	24	25	26	27	28
37	38	39	40	41	42
23	24	25	26	27	28
43	44	45	46	47	48
23	24	25	26	27	28

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23	24	25	26	27	28

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

Carl Troncale Jr.

NAME & OFFICIAL TITLE (type or print)

 CARL TRONCALE JR.
VICE PRESIDENT

DATE SIGNED

8-13-80

CAD 008 237 950



11919 RIVERA ROAD • SANTA FE SPRINGS, CALIF. 90670 • 945-1181

March 24, 1981

United States Environmental
Protection Agency
215 Fremont Street
San Francisco, Ca. 94105

Attn: Hazardous Waste Department

Dear Mr. Wilson,

I am writing this letter in regards to your March 17th notice sent to me. The letter I received stated that you had not received a Hazardous Waste Permit Application from us. Accompanying this letter is a copy of a special bulletin I received from our organization the NAMF, regarding this matter.

In a brief conversation I had with you over the phone, you asked that I drop a note to clarify this matter. I hope this bulletin I have sent you will be sufficient.

Yours Truly,

CAL-IRON PLATING, INC.

Carl Troncale Jr.
Carl Troncale Jr.
Vice President

~~Delolo~~ TSD
WJW 3/31/81